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CONFIRMATION NO. 6880

|   |   |                                   |   |   |                                |
|---|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/517,909  | <b>FILING OR 371(c) DATE</b><br>12/09/2004<br><b>RULE</b>   | <b>CLASS</b><br>514               | <b>GROUP ART UNIT</b><br>1609   | <b>ATTORNEY DOCKET NO.</b><br>CBDL-0056 |                                |
| <b>APPLICANTS</b><br>Martine Barth, Asnieres Les Dijon, FRANCE;<br>Michel Bondoux, Fontaine Les Dijon, FRANCE;<br>Pierre Dodey, Fontaine Les Dijon, FRANCE;<br>Christine Massardier, Dijon, FRANCE;<br>Jean-Michel Luccarini, Dijon, FRANCE;  |   |                                   |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/01763 06/12/2003 <i>OK MF 8/17/07</i>  |   |                                   |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/07387 06/14/2002 <i>OK MF 8/17/07</i>   |   |                                   |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Allowance<br>Verified and Acknowledged <i>MF</i> <i>MF</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>22               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>23377   |   |                                   |   |   |                                |
| <b>TITLE</b><br>Novel arylsulphonamide derivatives and use thereof as therapeutic agents  |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1250  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |